

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS PREPARED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6	1					
7		2 ✓				
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100						
TOTAL IND.	3					
TOTAL DEP.		19				
TOTAL CLAIMS	20					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						